

PRINTER RUSH
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
From:	Location:	Date:
Tracking #:		Week Date:

09/880,417 Cook 1614

Faxx IDC FMF FDC 7/12/2005

06060166 01/03/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	10-14-2004	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:

- Renumbered claim 1 (original claim 46) depends on
renumbered claim 4 (original claim 50).
- Renumbered claim 2 (original claim 48) depends on
renumbered claim 4 (original claim 50).

Thank you.

[XRUSH] RESPONSE: initially corrected

INITIALS *[Signature]*

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04